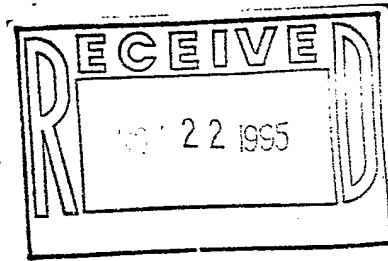


MEDICAL BOARD OF CALIFORNIA
ENFORCEMENT PROGRAM1426 Howe Avenue, Suite 100
Sacramento, California 95825

October 24, 1995

Robert M. Barr, M.D.
4155 Moorpark Ave., Suite 13
San Jose, California 95117

RE: VOLUNTARY LICENSE SURRENDER

Dear Dr. Barr:

Pursuant to the Decision of the Division of the Medical board of California, you are required to comply with specific terms and conditions of your probation order. It is my understanding that you do not want to follow through with your probation order. Instead, you have chosen to voluntarily surrender your license (#A 9377) to practice medicine in the state of California and your D.E.A. certification for permanent cancellation, with the understanding that you will not later reapply for a physicians or D.E.A. certificate in California. If you do reapply, it is agreed that we will re-open your case. If not, your case will remain closed. As with any other license surrender in lieu of discipline, your record may be disclosed to the public and the NATIONAL PRACTITIONERS DATA BANK.

Please consult with your attorney in this matter. If you agree to the conditions of this offer, please sign both copies of this letter and have a witness (preferably your attorney) do the same. One original of this agreement should be returned within fifteen (15) days.

Once we receive the signed documents and have obtained your Physician's and Surgeon's License #A 9377 and D.E.A. Permit(s) for cancellation, we will close this case.

Sincerely,

JOHN C. LANCARA
Chief of Enforcement

I UNDERSTAND AND AGREE TO THE ABOVE. I HEREBY VOLUNTARILY SURRENDER MY PHYSICIAN'S AND SURGEON'S CERTIFICATE #A 9377 AND MY D.E.A. PERMIT FOR IMMEDIATE AND PERMANENT CANCELLATION.

SIGNATURE11/8/95
DATE
WITNESS11/8/95
DATE

SEE REVERSE FOR PRIVACY ACT INFORMATION	VOLUNTARY SURRENDER OF CONTROLLED SUBSTANCES PRIVILEGES	DEA USE ONLY FILE NO.
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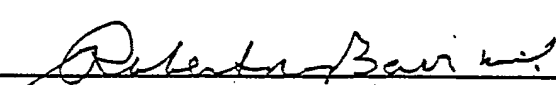
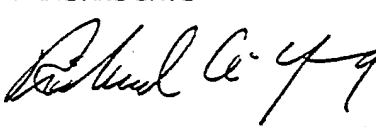
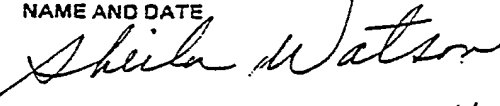
After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

- ☐ In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;
- ☒ In view of my desire to terminate handling of controlled substances listed in schedule(s) 2 thru 5 ;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) 2 thru 5 as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) 2 thru 5 . Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) N/A).

I waive refund of any payments made by me in connection with my registration.

I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.

NAME OF REGISTRANT (Print) Robert Barr, M.D.		ADDRESS OF REGISTRANT 4155 Moorpark Avenue, Suite 11 San Jose, CA 95117	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL 	DATE 11/8/95	DEA REGISTRATION NO. AB9803190	
WITNESSES:			
NAME AND DATE  11/8/95		TITLE DEA Division Investigator	
NAME AND DATE  11/8/95		TITLE Senior Investigator Medical Board of California	